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	<b>Section: 8.0 Diagnostic Services Program</b>	Revised 07/05
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## **Diagnostic Services Program (DSP)**

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## **DIAGNOSTIC SERVICES PROGRAM: GENERAL INFORMATION**

**POLICY:** To provide tuberculosis evaluation services for those economically disadvantaged patients who have been identified as infected with or suspected of having tuberculosis.

**PURPOSE:** To control and eliminate tuberculosis through a comprehensive system of diagnostic evaluation, appropriate and effective treatment, consultation, technical assistance and education.

**PROCEDURE:** The patient is identified by the LPHA as being tuberculin skin test positive, not covered by health care insurance, and without financial capability of accessing diagnostic medical evaluation for tuberculosis. The eligibility of a client to participate in the Diagnostic Services Program is determined by the LPHA and DHSS.

The LPHA chooses a physician from among the list of Diagnostic Services providers. An updated listing of Diagnostic Service providers is mailed out quarterly to LPHAs.

Prior to the LPHA making an appointment with a Diagnostic Services provider, the LPHA must request authorization from the Section for Communicable Disease Prevention, Disease Investigation Unit. A separate authorization request is required for each provider visit. The LPHA provides the following information to the Section:


- a) Patient's name
- b) Date of birth
- c) Social Security number
- d) Telephone number
- e) Address
- f) Name of physician to whom the patient is referred

The LPHA will generate a Diagnostic Services Eligibility/Authorization Form (MO 580-2615 (04-05)). The LPHA must then fax the form to the Disease Investigation Unit for authorization. The LPHA should indicate the services requested for each patient. The Disease Investigation Unit will then authorize the services and fax the form back to the LPHA and to the provider.

The LPHA assures that an appointment is made for the patient and that appropriate follow-up takes place.


If medications are prescribed, the physician may personally call the contract pharmacy (see Section 4.4) or instruct the LPHA to call in the prescription. A copy of the prescription for the entire prescribed course of medications must be sent to the LPHA.

Patients are to receive medications and routine monitoring on a monthly basis at the LPHA.

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All clinical specimens for diagnostic tests are to be sent to the State Tuberculosis Laboratory, so that there will be no costs incurred by either the participating physician or the patient.

All bills for tuberculosis services provided by the participating physician are to be submitted to the Section for Communicable Disease Prevention, Disease Investigation Unit, **not** to the LPHA.

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## DIAGNOSTIC SERVICES PROGRAM: PROGRAM GUIDELINES

### I. Purpose


Tuberculosis also is a public health problem in non-metropolitan areas of Missouri. An increased demand for outpatient services for tuberculosis has been experienced by the LPHAs. One of the shortcomings of public health is the difficulty in accessing care in these out state areas. This program will increase access to tuberculosis evaluation services for those economically disadvantaged clients referred with positive skin tests or with signs or symptoms of TB disease.

The eligibility of a client will be determined by the LPHA and DHSS. The local public health agency is to complete a Diagnostic Services Eligibility/Authorization form prior to faxing the form for an authorization number (**verbal authorization will no longer be provided**). (see Section 8.3) To be eligible for services, an individual must have the inability to get the services from any other public or private insurance program. This program will not cover the deductible portion of any insurance program and as stated, anyone with insurance is ineligible. Services are not available to residents of penal institutions; however, services are available to parolees and those who have completed their sentence.

Confidentiality of names and identifying characteristics will be carefully guarded and only given to the provider of services.

### II. General Program Guidelines

- A. The rate of reimbursement shall be the established rate listed under the service description (see Health Services Procedure Codes and Rates, page 7 of this section).
- B. Prior to providing program services, providers shall assure that the client has been authorized to receive services from the Missouri Department of Health and Senior Services. The Department of Health and Senior Services will not reimburse providers for services that are provided prior to authorization.
- C. All providers may submit bills on any standard form. **The procedure codes and authorization number listed on the prior authorization for service description must be included** (see page 7 of this section). Providers shall not submit results of the lab work, progress notes, or any other type of medical information. Billings should be submitted to the Missouri Department of Health and Senior Services, Section for Communicable Disease Prevention, Disease Investigation Unit, P.O. Box 570, Jefferson City, Missouri 65102.
- D. The Missouri Department of Health and Senior Services will not make payment for any items or services to the extent that payment has been made, or can reasonably be expected to be

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made, under any state compensation program including Medicaid or Medicare, under an insurance policy, under any federal or state health benefits program, or by an entity that provides health services on a prepaid basis. The Missouri Department of Health and Senior Services is unable to pay the co-pay portion or deductible portion of any public or private compensation programs in which the client is enrolled.

- E. The Missouri Department of Health and Senior Services has the authority to review client records and provider billings to assure that program guidelines as written herewith are followed.
- F. The program shall be conducted in accordance with all state and federal nondiscrimination requirements. The standards for eligibility and participation in this program shall be the same for all regardless of race, creed, color, national origin, handicap, sexual orientation or gender.
- G. The Missouri Department of Health and Senior Services reserves the right to limit or deny services to clients in order to adhere to budgetary limitations of the program.

### III. Health Services

Services provided under the program include office visits, clinical procedures, chest x-rays and chest x-ray interpretation.

#### A. Office Visits and Diagnostic Services


Participating physicians must hold a current license with the Missouri Board of Healing Arts and must have a current participation agreement with the Missouri Department of Health and Senior Services.

Reimbursement for diagnostic tests will be the established state rate.

Authorizations for diagnostic tests are made under the procedure codes listed on page 7 of this subsection. Invoices should be submitted using the specific code for the test.

The total allowable amount per patient will be \$436 per year: \$75 for x-ray, \$36 for interpretation, \$260 for office visits (\$50 for first visit and \$30 for each of seven additional visits), and \$65 for induced sputum specimen collection.

Participating physicians must be willing to provide office visits, for diagnosis of tuberculosis, and must have arrangements for availability of chest x-rays. Induced sputum collection is also an option for patients who cannot produce sputum on their own, and clinical proof of sputum conversion is needed.

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Authorization will be made to the client's primary physician who has a current signed participation agreement with the Missouri Department of Health and Senior Services.

**All clinical specimens for diagnostic tests, on patients exhibiting signs and symptoms, are performed at no charge to the physician and/or client (example: sputum specimens for smear and culture/sensitivity) and should be sent to the State Tuberculosis Laboratory located at the Missouri Rehabilitation Center.**

#### B. Physician Ordered Treatments

Treatment of tuberculosis and tuberculosis infection in adults and children is to be in accordance with the American Thoracic Society (ATS), the Centers for Disease Control and Prevention (CDC) and Infection Disease Society of America (IDSA) recommended regimens as endorsed by the Missouri Department of Health and Senior Services, Section for Communicable Disease Prevention, Disease Investigation Unit.

The protocol for dispensing medications is as follows: Cases of tuberculosis should be reported to the local health authority as required under 19 CSR 20-20.020. When a LPHA receives a report of an individual requiring therapy for tuberculosis disease or for infection treatment, an employee of that unit should contact the pharmacy under contract with the State of Missouri in order to report the name and address of the patient and the name of the physician who will be ordering the medication. A copy of the prescriptions for the entire regimen of medications must be mailed to the local health department. A physician's telephone order is sufficient to order a prescription.


When the contract pharmacy receives a prescription for INH, whether written, by telephone, or fax a three-month supply will be prepared and mailed to the local health unit. In the absence of the local health unit, the district health office will receive the medication.

The medications for one month at a time will be dispensed to the patient by the community health nurse. When the community health nurse dispenses the third month's supply of medications to the patient, that nurse should alert the pharmacy for a new supply of medications.

For TB medications other than INH, the contract pharmacy will prepare and mail a one-month supply of medication to the local health unit. The nurse should be prepared to order each monthly supply so as to prevent lapses in treatment.

The Missouri Department of Health and Senior Services will provide all required/prescribed antituberculosis medication, including vitamin B6, at no charge to the physician and/or client.

#### IV. Billing Instructions

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Clients may not be charged a co-payment for authorized services.


A. Prior Authorizations

1. Upon determination of a client's eligibility by the local public health agency, will fax the Section for Communicable Disease Prevention, Disease Investigation Unit for a request for DSP authorization. The unit will send a written authorization to the provider and the local public health agency.
2. Providers may not be reimbursed for services that were delivered to a client prior to receiving authorization for the service from the unit.
3. Prior authorization will list units authorized per client. The initial authorization will only be for one chest-x-ray, one interpretation and initial office visit. A second authorization is required prior to provision of subsequent TB diagnostic services. A sample prior authorization for diagnostic services is provided in section 12.
4. Prior authorization questions should be addressed to the Section for Communicable Disease Prevention, Disease Investigation Unit.

B. Invoice Forms

1. Invoice(s) may be submitted on any standard form. **DO include patient's name(s) the procedure code and the authorization number.**
2. Invoices must show the specific date and number of units delivered on that date. If multiple dates, invoice may show total with an attached detail page.
3. All invoices for services provided to approved clients must be submitted to the section at the address on the prior authorization form no later than 120 days following the date of services provided except that all invoices must be submitted no later than thirty days after the close of the federal fiscal year on September 30, of each year.
4. Questions regarding how to submit invoices should be directed to the Section for Communicable Disease Prevention, Disease Investigation Unit.

C. Denial of Payment

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1. Services will be paid only if the services have been authorized by the Missouri Department of Health and Senior Services, Disease Investigation Unit.
2. The decision to pay a received invoice is based on information taken from the written prior authorization. Providers should not submit invoices until they have received the written prior authorization.
3. If a service is denied for payment completely or partially, a denial letter will be sent to the provider.
4. Failure to invoice within the required time limit will result in denial of payment.
5. Questions regarding authorization or billing may be addressed to the Section for Communicable Disease Prevention, Disease Investigation Unit at (573) 751-6411.

#### V. Participation Agreement for Diagnostic Services Provider

All providers must have a current participation agreement with the Missouri Department of Health and Senior Services before being approved to provide services (Form DH-74, See Section 12).

The provider's printed name, name of authorized representative, signature of provider or representative with date, social security or federal tax identification number, payment mailing address, state license number, and telephone number must be completed.


All copies should be submitted to the Missouri Department of Health and Senior Services, Section for Communicable Disease Prevention, Disease Investigation.

After approval by the Missouri Department of Health and Senior Services, a copy will be returned to the provider.

At the time the provider receives the participation agreement, they will also receive a form, Services to be Provided, which lists the services and requirements for each service. The provider is asked to complete which services they are willing and qualified to provide. This form will be submitted with the participation agreement.

#### VI. Provider Monitoring



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The Section for Communicable Disease Prevention has the right to monitor diagnostic services providers. The provider will be contacted by phone and followed up by letter in order to schedule a date for a review. A list of client records that will be reviewed will be included with the follow-up letter.


Follow-up visits may be indicated if problems were identified that required corrective action.

Section for Communicable Disease Prevention maintains the right to review providers at any time it is determined appropriate.

Records will be reviewed for:

1. Prior authorization of service;
2. Physician orders when indicated.
3. Services were delivered within the dates stated on the on prior authorization.
4. Billed services match delivery dates of services.
5. Services delivered coincides with services billed.
6. Questions regarding provider reviews may be addressed to the Unit.

## **HEALTH SERVICES PROCEDURE CODES AND RATES**

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<b>SERVICE</b>	<b>PROCEDURE CODE</b>	<b>RATE</b>	<b>MAXIMUM ALLOWED</b>
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**Office Visit:**

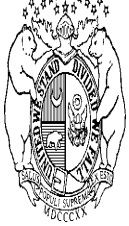
Office Visit (First)	99205	\$50/visit	1
Office Visit (Subsequent)	99215	\$30/visit	7

**Clinical Procedures:**

Induced Sputum Collection	89350	\$10.83/specimen	6
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**X-ray:**

Chest, P-A and Lateral	71020	\$75	1
Interpretation	71020A	\$36	1



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR COMMUNICABLE DISEASE PREVENTION  
**DIAGNOSTIC SERVICES ELIGIBILITY/AUTHORIZATION**

Patients Name			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	County	Zip Code
Telephone (      )	Social Security Number	Birth Date (month/day/year)	
1. Is patient covered by Medicaid or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is patient covered by any other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is patient covered by VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I affirm by my signature (mark) that the above statements are true to the best of my knowledge. I understand Diagnostic Services are for evaluation of TB infection/disease (initial office visit, chest x-ray) with subsequent follow-up visits if necessary and approved through the _____ County/City Health Department by the Disease Investigation Unit. <b>Diagnostic Services will only pay for office visits, chest x-rays and sputum induction (if needed). Any other services obtained are not covered and are the responsibility of the client (e.g. CT scans and routine labs).</b>			
I also give my permission to the _____ County/City Health Department to share information with the provider to obtain these services and also authorize the care provider to share with the county/city health department.			
Signature of Client or Parent/Guardian (if client is a minor)			Date
Liver profiles for patients with signs and symptoms of hepatitis or patients at high risk for hepatitis and sputums can be done through the health department and there is no charge for these or for health department visits.			
Date PPD test given	Date Read	Results	Risk factors
Physician Provider			
Physician Address	City	County	Telephone
Health Department Employee Signature/Health Department			Date
<b>DHSS USE ONLY</b>			
Pre-Authorization Number	Date Authorized	Authorized by	
<b>Type of Service Needed</b>		<b>Units Authorized</b>	
First Office Visit (99205)			
Subsequent Office Visits (99215)			
Chest X-Ray (71020)			
Chest X-Ray Interpretation (71020A)			
Induced Sputum Collection (89350)			